

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PROCESS AND APPARATUS FOR RECOVERY OF NON-FERROUS METALS FROM
ZINC RESIDUES**

the specification of which

☐ is attached hereto

OR

☒ was filed on August 30, 2004 as United States Application Number or PCT International Application Number PCT/EP2004/009685 and was amended on (mm/dd/yyyy) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (mm/dd/yyyy)	Priority Claimed?
03078038.1	EP	09/29/2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby appoint the attorneys and agents associated with the following PTO Customer Number of Hutchison Law Group PLLC to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office connected therewith:

Address all correspondence to: Customer Number: 45473
Hutchison Law Group PLLC
P.O. Box 31686
Raleigh, North Carolina 27612
(919) 829-9600

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	Maurits VAN CAMP
Signature	
Date	
Residence (City, State, Country)	Mortsel, Belgium
Citizenship	Belgium
Mailing Address	Pansgatelaan 40
City, State, ZIP, Country	B-2640 Mortsel, Belgium
FULL NAME OF SECOND INVENTOR	Jonathan AERTS
Signature	
Date	
Residence (City, State, Country)	Turnhout, Belgium
Citizenship	Belgium
Mailing Address	Duifhuisstraat 32
City, State, ZIP, Country	B-2300 Turnhout, Belgium
FULL NAME OF THIRD INVENTOR	Benedict JANSSENS
Signature	
Date	
Residence (City, State, Country)	Herentals, Belgium
Citizenship	Belgium
Mailing Address	Galgeveld 18
City, State, ZIP, Country	B-2200 Herentals, Belgium

FULL NAME OF FOURTH INVENTOR	Sven SANTEN
Signature	
Date	
Residence (City, State, Country)	Hofors, Sweden
Citizenship	Sweden
Mailing Address	Hammarvägen 21
City, State, ZIP, Country	813 33 Hofors, Sweden
FULL NAME OF FIFTH INVENTOR	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SIXTH INVENTOR	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SEVENTH INVENTOR	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF EIGHTH INVENTOR	
Signature	